Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State: _	Pennsylva	nia			
Citation 1902(a)(52) and 1925 of	•	Families	Receiving Extended Medicaid Benefits			
the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits und Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).				
	(b)	6-month	provided to families during the second period of extended Medicaid benefits under 1925 of the Act are			
		se: red may	ual in amount, duration, and scope to rvices provided to categorically needy AFDC cipients as described in <u>ATTACHMENT 3.1-A</u> (or y be greater if provided through a caretaker lative employer's health insurance plan).			
		ser rec thr ins	ral in amount, duration, and scope to rvices provided to categorically needy AFDC cipients, (or may be greater if provided rough a caretaker relative employer's health surance plan) minus any one or more of the clowing acute services:			
			Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.			
			Medical or remedial care provided by licensed practitioners.			
			Home health services.			

TN No. 91-34
Supersedes Approval Date DEC 30 166 Effective Date NOV 1 1991
TN No. 89-04

HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-					
	State: _	Pennsylv	ania					
Citation	3.5	Families Receiving Extended Medicaid Benefits (Continued)						
			Private duty nursing services.					
			Physical therapy and related services.					
		_7	Other diagnostic, screening, preventive, and rehabilitation services.					
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.					
		_7	Intermediate care facility services for the mentally retarded.					
		_7	Inpatient psychiatric services for individuals under age 21.					
			Hospice services.					
			Respiratory care services.					
		_7	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.					

TN No. 91-34
Supersedes Approval Date DEC Effective Date VV 1
TN No. new HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State: Per	nsylva	nia
Citation		<u>lies R</u> tinued	eceiving Extended Medicaid Benefits
	(c) <u>/</u> /	fees for l	agency pays the family's premiums, enrollment, deductibles, coinsurance, and similar costs nealth plans offered by the caretaker's over as payments for medical assistance
			1st 6 months $\sqrt{}$ 2nd 6 months
		emplo	agency requires caretakers to enroll in oyers' health plans as a condition of bility.
			1st 6 mos. $\boxed{/}$ 2nd 6 mos.
	(d) <u>/</u> /	f a ex	ne Medicaid agency provides assistance to milies during the second 6-month period of stended Medicaid benefits through the blowing alternative methods:
			Enrollment in the family option of an employer's health plan.
		/	Enrollment in the family option of a State employee health plan.
		/	Enrollment in the State health plan for the uninsured.
		<u>_7</u>	Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

TN No. 91-34 Supersedes Approval		<b>DEC</b> 3.0 199	3 .	Date NOV 1	1991
Supersedes Approval	Date 💆		Effective	Date	1001
TN No. 90-18					

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State: Pennsylvania

Citation

Families Receiving Extended Medicaid Benefits 3.5 (Continued)

> Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
  - Pays all premiums and enrollment fees imposed (i) on the family for such plan(s).
- (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. UEC 3 0 100. Effective Date NOV 1 Approval Date Supersedes TN No. 90-18

HCFA ID: 7982E